

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

12-10-02

\*01-348

Patrick J. Grant  
555 12th Street, N.W.  
Washington, DC 20004

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

J. MELTON

B. Date of Delivery

12-10-02

C. Signature

J. MELTON

☒ Agent☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

2. Article Number (Copy from service label)

0023 0771 2597

PS Form 3811, July 1999

Domestic Return Receipt

102595-00 M 0952

DOCKET NO. 01-348

DEC 16 2002

CERTIFIED

MAIL

RETURN

RECEIPT

REQUESTED

NAME: Patrick J. Grant  
555 12th Street, N.W.  
Washington, DC 20004

C. R. R. NO.

BY .....

## U.S. Postal Service

## CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$ .37

Certified Fee

2.30

Return Receipt Fee  
(Endorsement Required)

1.75

Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$

4.42

Name (Please Print Clearly) (to be completed by mailer)

Patrick J. Grant

Street, Apt. No., or PO Box No.

555 12th Street, N.W.

City, State, ZIP+4

Washington, DC 20004

PS Form 3800, July 1999

See Reverse for Instructions

7000 0600 0023 0771 2597

